

# **EXHIBIT A**

IN THE UNITED STATES DISTRICT COURT  
FOR THE WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION

BRIDGET MORENO, ELIA  
QUIROGA, and DAVID WARD,  
individually and on behalf of others  
similarly situated,

Plaintiffs,

V.

EDCARE MANAGEMENT, INC.

Defendant.



Case No. SA07-CA-0284-OG

## DECLARATION OF SUSAN GRECO

I, SUSAN GRECO, hereby declare, subject to the pains and penalties of perjury, as follows:

1. I am the Vice President of the Human Resources Department at Defendant EDCare Management, Inc. (“EDCare”), and have served in other management and administrative capacities for EDCare. I make this affidavit out of personal knowledge unless indicated otherwise.

2. EDCare is in the business of, among other things, providing management services to hospital emergency departments. Some of EDCare's functions include recruiting professionals, coordinating the schedules of healthcare professionals for emergency room coverage, and billing for services rendered.

3. As a general matter, for each hospital with which EDCare establishes a relationship, either a subsidiary or a professional limited liability corporation is formed. I have been involved with the formation or registration of many such entities. In Texas, EDCare is not a "member" of the professional limited liability corporations that contract with the hospitals.

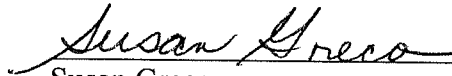
4. Bridgette Moreno, Elia Quiroga and David Ward (collectively the "Plaintiffs") do not receive their wages from EDCare. The Plaintiffs receive their wages from Southwest General Emergency Physicians, PLLC, of Texas ("Southwest"). EDCare is not a member of Southwest.

5. Attached hereto as Exhibit A are redacted copies of W2 forms for the Plaintiffs for 2006. Aside from the employees' names, I have had their personal identifying information, addresses, tax identification numbers, and dollar amounts redacted for this public filing.

6. Each of the Plaintiffs' W2 forms identifies the employer as Southwest, not EDCare.

7. EDCare does not demand a particular schedule from any of the Plaintiffs or other nurse practitioners and physician assistants at Southwest. During at least the past couple of years, Plaintiff Moreno has played a substantial role in setting the schedules for nurse practitioners and physician assistants who work for Southwest. As I understand it, each nurse practitioner and physician assistant has typically determined the schedule that he or she wants to work each month, as well as the days on which he or she is unavailable.

I hereby certify that the foregoing is true and correct to the best of my knowledge, this \_\_\_\_  
day of May, 2007, subject to the pains and penalties of perjury.

  
\_\_\_\_\_  
Susan Greco

**REDACTED**

|  |  |                              |  |   |  |   |  |
|--|--|------------------------------|--|---|--|---|--|
| Control number<br><b>100012 04/MWT</b>   |  | OMB No. 1545-0008 <b>MWT</b> |  | 000001  |  | 100012                                      |  |
| Employer identification number (EIN)   |  |                              |  | 1 Wages, tips, other compensation   |  | 2 Federal income tax withheld               |  |
| Employer's name, address, and ZIP code<br><b>SOUTHWEST GENERAL<br/>EMERGENCY<br/>3107 STIRLING RD STE 300<br/>FT LAUDERDALE FL 33312</b> |  |                              |  | 3 Social security wages   |  | 4 Social security tax withheld              |  |
|  |  |                              |  | 5 Medicare wages and tips   |  | 6 Medicare tax withheld                     |  |
|  |  |                              |  | 7 Social security tips  |  | 8 Allocated tips                            |  |
|  |  |                              |  | 9 Advance EIC payment   |  | 10 Dependent care benefits                  |  |
| Employee's social security number  |  |                              |  | 11 Nonqualified plans   |  | 12a See instructions for box 12<br><b>D</b> |  |
| Employee's first name and initial Last name Suff.  |  |                              |  | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> |  | 12b   |  |
|  |  |                              |  | 14 Other  |  | 12c   |  |
|  |  |                              |  |   |  | 12d   |  |
|  |  |                              |  |   |  |   |  |
| Employee's address and ZIP code  |  |                              |  | 15 State Employer's state ID number<br><b>TX</b>  |  | 16 State wages, tips, etc.                  |  |
|  |  |                              |  | 17 State income tax   |  | 18 Local wages, tips, etc.                  |  |
|  |  |                              |  | 19 Local income tax   |  | 20 Locality name                            |  |

Form **W-2** Wage and Tax  
Statement  
Copy D—For Employer.

**2006**

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction  
Act Notice, see back of Copy D.

**Form W-2 Wage and Tax Statement**  
**Copy D—For Employer.**

2006

Department of the Treasury—Internal Revenue Service  
For Privacy Act and Paperwork Reduction  
Act Notice, see back of Copy D.

**REDACTED**

|  |  |                               |  |                                   |  |  |  |   |  |
|--|--|-------------------------------|--|-----------------------------------|--|--|--|---|--|
| a Control number<br><b>100002 04/MWT</b>   |  | Void <input type="checkbox"/> |  | OMB No. 1545-0008 MWT             |  | 000001   |  | 100002                                      |  |
| b Employer Identification number (EIN)   |  |                               |  | 1 Wages, tips, other compensation |  | 2 Federal income tax withheld  |  |   |  |
| c Employer's name, address, and ZIP code<br><b>SOUTHWEST GENERAL<br/>EMERGENCY<br/>3107 STIRLING RD STE 300<br/>FT LAUDERDALE FL 33312</b> |  |                               |  | 3 Social security wages           |  | 4 Social security tax withheld   |  |   |  |
|  |  |                               |  | 5 Medicare wages and tips         |  | 6 Medicare tax withheld  |  |   |  |
|  |  |                               |  | 7 Social security tips            |  | 8 Allocated tips   |  |   |  |
| d Employee's social security number  |  |                               |  | 9 Advance EIC payment             |  | 10 Dependent care benefits   |  |   |  |
| e Employee's first name and initial  |  | Last name                     |  | Suff.                             |  | 11 Nonqualified plans  |  | 12a See instructions for box 12<br><b>D</b> |  |
|  |  |                               |  |                                   |  | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> |  | 12b   |  |
|  |  |                               |  |                                   |  | 14 Other   |  | 12c   |  |
|  |  |                               |  |                                   |  |  |  | 12d   |  |
| f Employee's address and ZIP code  |  |                               |  |                                   |  |  |  |   |  |
| 15 State Employer's state ID number<br><b>TX</b>   |  | 16 State wages, tips, etc.    |  | 17 State income tax               |  | 18 Local wages, tips, etc.   |  | 19 Local income tax                         |  |
|  |  |                               |  |                                   |  |  |  | 20 Locality name                            |  |

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